


ATTACH A SMALL PHOTOGRAPH <u>EXACTLY</u> 1½" X 2¼" THAT HAS BEEN TAKEN WITHIN THE LAST 12 MONTHS OF THE DATE OF THIS APPLICATION SHOWING A FULL FACE VIEW COVERING HALF OF THE WIDTH OF THIS SPACE WITH <i>NO HEAD COVERING, CAP OR HAT.</i>	FOR BOARD USE ONLY	STATE OF TENNESSEE
		
	DATE RECEIVED	BOARD OF EXAMINERS FOR LAND SURVEYORS 500 JAMES ROBERTSON PARKWAY, 3 RD FLOOR NASHVILLE, TN 37243-1146 615-741-3611 FAX: 615-532-9410 WWW.STATE.TN.US/COMMERCE/BOARDS/SURVEYORS/INDEX
	FILE NUMBER	
	TRANSACTION NUMBER	

APPLICATION FOR LICENSURE AS A PROFESSIONAL LAND SURVEYOR

Important: All information **must be typewritten or legibly printed** and all questions must be answered. The application, instructions and associated forms can be completed and printed from our website at www.state.tn.us/commerce/boards/surveyors/index. This application, along with a \$200.00 application fee, all reference and experience verification forms, transcripts, and verifications of the fundamentals of land surveying and the principles and practice of land surveying exams and/or other licensure in another jurisdiction **must be received by February 1 for the April exam or August 1 for the October exam. The application fee is non-refundable. PLEASE ALLOW 5-7 BUSINESS DAYS TO ENSURE ADEQUATE DELIVERY TIME OF THIS APPLICATION BEFORE THE DEADLINE DATE.**

How are you applying? _____ Category A _____ Category B _____ Category C _____ 10-Year Rule

1. Full Legal Name _____ Mr. _____ Ms. _____
2. Addresses [furnish both address and indicate preferred mailing address with an "X" in the appropriate box. ***You are required to keep the Board informed your current address per TCA 62-18-114(b).***

() Residence: _____ () _____
Telephone Number _____

() Employer: _____ () _____
Telephone Number _____

Employer Address: _____

E-Mail Address: _____
3. Date of Birth _____ / _____ / _____ 4. Social Security No. _____
Place of Birth _____
4. Indicate Tennessee or other jurisdictions where you passed the FLS, PLS and other exams:

FLS: State _____ Date _____ LSIT No. _____

PLS: State _____ Date _____

Other: State _____ Date _____ PLS No. _____
5. State of first PLS Licensure _____ Date _____ Current to _____

6. Other states in which you are licensed _____

(Affirmative answers to questions 7-14 must be explained under Question 16)

- | | | | |
|-----|--|-----|----|
| 7. | Has your name changed since birth? | Yes | No |
| 8. | Have you previously filed a PLSIT or PLS application with this Board? | Yes | No |
| 9. | Have you ever been denied licensure in any State or Territory? | Yes | No |
| 10. | Have you ever been disciplined by another State Board? | Yes | No |
| 11. | Do you have any charges pending against you? | Yes | No |
| 12. | Have you ever been charged with or convicted of a crime? | Yes | No |
| 13. | Will you require special assistance or accommodations to take the exam(s) due to a disability? | Yes | No |
| 14. | Can you speak and write the English language? | Yes | No |

EDUCATION RECORD – List high school and all colleges and universities in the order you attended. A copy or high school diploma or GED certificate must be submitted with your application unless you are a college graduate. College graduates must submit CERTIFIED transcripts with your application. You must highlight or list on separate sheet attached to the transcript all surveying related courses you are claiming for credit under the provisions of TCA 62-18-109 for eligibility under Categories B or C.

NAME AND ADDRESS OF INSTITUTION	NUMBER OF YEARS ATTENDED	ENTRANCE DATE	DATE OF GRADUATION	DEGREE OBTAINED

EXPERIENCE BACKGROUND

List each period of employment in chronological order and use a position block for each employer or for each time that you had a significant change in duties and responsibilities. The last block is the summary of your complete surveying experience history. **ONE LINE IS NOT SUFFICIENT.** Experience acceptable for licensure as a land surveyor must be progressive and diverse and include, as a minimum, the following aspects of land surveying: **Field experience** should include field measurements with a variety of instruments, discovering and interpreting boundary evidence, staking line and grade and field procedures for topographic mapping. **Office experience** should include traverse closure and adjustment, survey accuracy and quality control of field data, state plane coordinate computation and translations, boundary evidence analysis and resolution with record title, drafting plats and writing descriptions of surveys and knowledge and understanding of the subdivision process. **Research experience** should include familiarity with the county record filing process, including deed research in county registers' offices and tax assessors' offices, along with plans and records held by state and county highway departments and utility departments. The applicant, during his work history, is expected to have acquired experience in the overall management of surveying projects, to include, a high degree of integrity in the practice of surveying, understanding and following a code of ethics, interpersonal communication skills, project planning and scheduling, and safeguarding the health, safety and welfare of the public in daily work activities. **EXPERIENCE CANNOT BE ANTICIPATED. YOU MUST HAVE THE REQUIRED EXPERIENCE WHEN YOUR APPLICATION IS SUBMITTED.**

POSITION NUMBER _____			TITLE OF POSITION _____		
EMPLOYED FROM: _____ TO _____			AVERAGE # OF HRS. WORKED PER WEEK _____		
MO/YR			MO/YR		
EMPLOYER NAME _____			TYPE OF BUSINESS _____		
EMPLOYER ADDRESS _____			CITY/STATE _____		
STREET			ZIP		
NAME OF YOUR IMMEDIATE SUPERVISOR _____			LICENSE # _____		
EMPLOYER TELEPHONE NUMBER (_____) _____					
DESCRIBE YOUR MAJOR DUTIES/RESPONSIBILITIES BELOW					
TOTAL NUMBER OF MONTHS		TYPE EXPERIENCE: Office _____% Field _____% Research _____%			

POSITION NUMBER _____		TITLE OF POSITION _____	
EMPLOYED FROM: _____ TO _____		AVERAGE # OF HRS. WORKED PER WEEK _____	
MO/YR MO/YR			
EMPLOYER NAME _____		TYPE OF BUSINESS _____	
EMPLOYER ADDRESS _____			
STREET		CITY/STATE	ZIP
NAME OF YOUR IMMEDIATE SUPERVISOR _____		LICENSE # _____	
EMPLOYER TELEPHONE NUMBER () _____			
DESCRIBE YOUR MAJOR DUTIES/RESPONSIBILITIES BELOW			
TOTAL NUMBER OF MONTHS		TYPE EXPERIENCE: Office _____% Field _____% Research _____%	

POSITION NUMBER _____		TITLE OF POSITION _____	
EMPLOYED FROM: _____ TO _____		AVERAGE # OF HRS. WORKED PER WEEK _____	
MO/YR MO/YR			
EMPLOYER NAME _____		TYPE OF BUSINESS _____	
EMPLOYER ADDRESS _____			
STREET		CITY/STATE	ZIP
NAME OF YOUR IMMEDIATE SUPERVISOR _____		LICENSE # _____	
EMPLOYER TELEPHONE NUMBER () _____			
DESCRIBE YOUR MAJOR DUTIES/RESPONSIBILITIES BELOW			
TOTAL NUMBER OF MONTHS		TYPE EXPERIENCE: Office _____% Field _____% Research _____%	

This sheet may be deleted or repeated as necessary to account for all positions held in chronological order.

SUMMARY OF LAND SURVEYING EXPERIENCE – Please summarize your experience in the table below and show the grand total of the months you are claiming in the box at the bottom. Indicate the diversity of experience by estimating the percentage of time spent in the three categories listed at the bottom of the form. You may duplicate this section and expand if the number of lines are not sufficient.

POSITION NUMBER	EMPLOYMENT DATES FROM - TO	SUPERVISOR	FIELD %	OFFICE %	RESEARCH %	MONTHS OF SURVEYING EXPERIENCE
TOTAL SURVEYING EXPERIENCE AND AVERAGE PERCENTAGE OF DIVERSITY						

VERIFICATION OF EXPERIENCE – The most recent 24 months or your experience must be verified using the Experience Verification Form, is to be completed by you and the Land Surveyor in Responsible Charge of your work, and forwarded to the Board office separately.

15. References – All licensed surveyors verifying your most recent 24 months of experience are considered a reference and must be listed below. If less than three are required to verify your experience, you must provide references from other licensed surveyors that have some familiarity with your character, knowledge, skills and competence for a total of three references. An Experience Verification Form must be sent to those listed as verifiers of your experience and a Reference Form must be sent to those that are not verifying your experience. Check the names as to whether they are providing experience verification or a reference and list the state and license number of the person listed.

NAME	VERIFIER	REFERENCE	STATE OF PLS LICENSURE AND LICENSE NUMBER

NOTE TO APPLICANT:It is your responsibility to see that the experience verification forms and the reference forms are returned **DIRECTLY** to the board office. This application will not be considered until all transcripts, Experience Verification Forms, Reference Forms and verification of any exams are returned. This office will not be responsible for the delay of any information pertaining to your application caused by the mail service or by your references. Providing a stamped board addressed envelope to your references and verifiers will expedite this process.

16. Explanation of affirmative answers for questions 7-12 on pages 1. (Attach sheets if necessary).

Response for Question 7.

Explain name change _____

Response for Question 8.

Previously filed application was:

Denied on _____ Deferred on _____ Closed on _____

Licensed as _____ License # _____ Date Expired _____

Response for Question 9.

Denied licensure in the State of _____ when _____

Basis for denial _____

Response for Question 10.

Have you ever surrendered your PLS license or been found guilty of professional misconduct, unprofessional conduct, incompetence or negligence in any state? Explain: _____

Response for Question 11.

Are charges pending against you by another state board? Explain: _____

Response to Question 12.

Have you ever been charged with or convicted of a crime (felony or misdemeanor, except traffic violation), the disposition of which was other than by acquittal or dismissal; or have you ever entered a plea of nolo contendere to any crime whether related to the practice of surveying or not? Explain: _____

AFFIDAVIT

I hereby make application for a certificate of registration and licensure as a land surveyor in accordance with TCA 62-18-109 authorizing me to practice land surveying as defined in TCA 62-18-102 and I certify that I have read the law and rules of the Tennessee State Board of Examiners for Land Surveyors and I hereby agree that, if granted a license by the Board, I will abide by and uphold the Rules of Professional Conduct and Standards of Practice for Land Surveyors, which have been adopted by the Board and further understand that any violation thereof may be deemed sufficient cause for revocation of said license.

ATTEST:

STATE OF _____

COUNTY OF _____

On the _____ day of _____, 20 _____, before me, a Notary Public in and for the aforesaid County and State, came _____, a resident of _____, County and State of _____, known to me as the person herein described and subscribing hereto, and as having signed the form of application attached hereto, and on oath deposes and says that the statements made are true.

Signature of Affiant

Subscribed and sworn to before me, on this _____ day of _____, 20 _____.

Notary Public

(SEAL)

My commission expires _____, 20 _____.